



NOTICE OF DISCONTINUANCE OF IMPACT SERVICES

State Form 48462 (8-97) / IMP 0027

Date:

County:

Address (*number and street, city, state, ZIP code*):

FCC _____

Telephone number _____

Dear

Effective _____ all IMPACT services, including supportive services, will be discontinued for _____ because of _____.

All outstanding claims for services which were provided prior to the above effective date are to be submitted as soon as possible for processing.

Please contact the FCC listed above if you have questions.